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PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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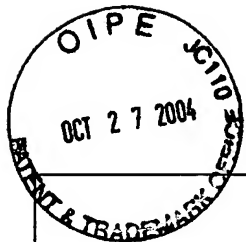
<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/658,721
		Filing Date	September 9, 2003
		Inventor	Shek Fai Lau et al.
		Group Art Unit	1753
		Examiner Name	Rodney G. McDonald
Total Number of Pages in This Submission (Excluding References & ISR)	21	Attorney Docket Number	SHPR-01084US1

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Certificate of Mailing	<input type="checkbox"/> Formal Drawings	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Fee Transmittal with Deposit Account Authorization	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Check for \$626.00	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Itemized Postcard
<input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> After Final	<input checked="" type="checkbox"/> Second Information Disclosure Statement, PTO-1449, <u>22</u> References	<input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Request for RCE	<input checked="" type="checkbox"/> 3.73(b) Certificate of Ownership	
<input type="checkbox"/> Declaration	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Application Data Sheet	Remarks:	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Fliesler Meyer LLP Jeffrey R. Kurin, Reg. No. 41,132
Signature	
Date	October 20, 2004

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date below.			
Typed or printed name	Linda Saunders		
Signature		Date	October 20, 2004

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**2005**  
Effective 10/1/2004.  
**FEE TRANSMITTAL**

**TOTAL AMOUNT OF PAYMENT**

Subtotal (1) + Subtotal (2) + Subtotal (3) = **(\$ 626.00)**

**Complete if Known**

Application Number	10/658,721
Filing Date	September 9, 2003
Inventor	Shek Fai Lau et al.
Group Art Unit	1753
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**METHOD OF PAYMENT**

**1. The Commissioner is hereby authorized to:**

- ☐ Charge the indicated fees to the below mentioned deposit account.
- ☒ Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.<sup>1</sup>
- ☐ Applicant claims small entity status. See 37 CFR 1.27.

Deposit Account Number: 06-1325  
Deposit Account Name: Fliesler Meyer LLP

2. ☒ **Payment Enclosed:**  
[X] Check [ ] Other

**FEE CALCULATION** (fees effective 10/1/01)

**1. FILING FEE**

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
1001/\$790	2001/\$395	Utility Filing	<input type="text"/>
1002/\$350	2002/\$175	Design Filing	<input type="text"/>
1004/\$790	2004/\$395	Reissue	<input type="text"/>
1005/\$160	2005/\$80	Provisional Filing	<input type="text"/>
<b>SUBTOTAL (1)</b>			<b>(\$ 0)</b>

**2. CLAIMS**

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description
1202/\$18	2202/\$9	Claims in excess of 20
1201/\$88	2201/\$44	Independent claims in excess of 3
1203/\$300	2203/\$150	Multiple dependent claim
1204/\$88	2204/\$44	Reissue independent claims over original patent
1205/\$18	2205/\$9	Reissue claims in excess of 20 and over original patent

**3. ADDITIONAL FEES**

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
1051/\$130	2051/\$65	Surcharge - late filing fee or oath	<input type="text"/>
1052/\$50	2052/\$25	Surcharge-late provisional filing fee or cover sheet	<input type="text"/>
1812/\$2,520	1812/\$2,520	For filing a request for <i>ex parte</i> reexamination	<input type="text"/>
1251/\$110	2251/\$55	Extension for response within first month <sup>†</sup>	<input type="text"/>
1252/\$430	2252/\$215	Extension for response within second month <sup>†</sup>	<input type="text"/>
1253/\$980	2253/\$490	Extension for response within third month <sup>†</sup>	<input type="text"/>
1254/\$1,530	2254/\$765	Extension for response within fourth month <sup>†</sup>	<input type="text"/>
1255/\$2,080	2255/\$1,040	Extension for response within fifth month <sup>†</sup>	<input type="text"/>
1401/\$340	2401/\$170	Notice of Appeal	<input type="text"/>
1453/\$1,370	2453/\$685	Petition to revive unintentionally abandoned application	<input type="text"/>
1501/\$1,370	2501/\$685	Utility Issue Fee (Or Reissue)	<input type="text"/>
1502/\$490	2502/\$245	Design Issue Fee	<input type="text"/>
1460/\$130	1460/\$130	Petitions to the Commissioner	<input type="text"/>
1814/\$110	2814/\$55	Statutory Disclaimer	<b>110</b>
1806/\$180	1806/\$180	Submission of Information Disclosure Statement	<b>180</b>
8021/\$40	8021/\$40	Recording each patent assignment per property (times number of properties)	<input type="text"/>
1809/\$790	2809/\$395	Filing a submission after final rejection (37 CFR 1.129(a))	<input type="text"/>
1801/\$790	2801/\$395	Request for Continued Examination (RCE)	<input type="text"/>

Other fee (specify):

Other fee (specify):

**SUBTOTAL (3)** **(\$ 290)**

(Col. 1)		(Col. 2)		(Col. 3)		Fee Due	
For	No. of Existing Claims	Highest No. Previously Paid For	Extra**	Fee			
TOTAL	26	20 or 22	4	18	x		72
INDEP	9	3 or 6	3	88	x		264
[ ] First presentation of multiple dependent claim							

\* Subtract the greater number of Col. 2

\*\* If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3

**SUBTOTAL (2)** **(\$ 336)**

**SUBMITTED BY**

Typed or Printed Name **Jeffrey R. Kurin**

Signature

*Jeffrey R. Kurin*

**Complete (if applicable)**

Reg. Number **41,132**

Date

**October 20, 2004**